



SCAI Membership Application

The Society for Cardiovascular Angiography and Interventions • 800.992.7224
1100 17th Street NW, Suite 400, Washington, DC 20036 • www.SCAI.org • www.SecondsCount.org

CONTACT INFORMATION

Name (Last, First, MI): _____ Date of Birth: ____/____/____ Gender: Male Female

Title: _____ Degree(s): MD PhD DO Other: _____

Organization: _____

Address Type (Preferred): Business Home Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email (required): _____ Phone: _____

Physician NPI Number (For U.S. only): _____ Fax: _____ Mobile: _____

HOW DID YOU BECOME AWARE OF SCAI? Advertisement Email Already Aware www.SCAI.org

Colleague: _____ Other: _____

PROFESSIONAL BACKGROUND

PRACTICE SPECIALIZATION

Adult Interventional Cardiology
 Pediatric Interventional Cardiology
 Pediatric/Adult Structural Heart Disease

Years in Invasive/Interventional Practice

Fellow-in-training
 Less than 5 years (*Post fellowship*)
 5 - 9 years
 10 - 20 years
 More than 20 years

PRINCIPAL PRACTICE SETTING

Cardiovascular Group
 HMOs
 Hospital: Academic
 Hospital: Community
 Industry/Research
 Military
 Multispecialty Group
 Solo Provider
 Veterans Affairs (VA) Medical Centers

Cath Lab Type

Diagnostic Only
 PCI without Surgery
 PCI with Surgery
 Not Applicable

RESPONSIBILITIES

Cath Lab Role

Cath Lab Director
 Cath Lab Manager
 Cath Lab Administrator
 Nurse/Nurse Practitioner/Physician Assistant
 Technologist
 Educator

Program Director

Endovascular Training
 General Cardiology
 Interventional Training
 Structural Heart Disease Training
 Other: _____

AREAS OF PRACTICE

Check as many as applies and provide % of time spent. Format list for 100%.

_____ % Atrial Fibrillation
 _____ % Clinical Cardiology/General Cardiology
 _____ % Coronary Interventions
 _____ % Geriatrics
 _____ % Heart Failure/Transplant
 _____ % Medical Management

_____ % Pediatric Interventions
 _____ % Peripheral Interventions
 _____ % Physiology/Imaging
 _____ % Structural Interventions
 _____ % Other: _____

TOPICS OF INTEREST

Advocacy
 Business Issues (*i.e. coding, insurance, etc.*)
 Quality Issues-Registries

Application continued on page 2 →



MAIL SCAI
1100 17th Street NW, Suite 400
Washington, DC 20036



ONLINE
www.SCAI.org/JOIN

QUESTIONS?
Call 800.992.SCAI



MEMBERSHIP TYPE **Documentation will be required to complete application file.*

U.S. & CANADA APPLICANTS

Early Career

- Fellow-in-Training*** *(online journal only)* ~~\$770~~ **FREE**
 Enrolled in an interventional training program
 Start Date: _____ End Date: _____
- First-Year Interventionalist Member*** *(online journal only)* ~~\$770~~ **FREE**
 Significant percent of time performing catheterization and/or endovascular procedures
 Interventional Training End Date: _____
- Second-Year Interventionalist Fellow (FSCAI)*** ~~\$770~~ **\$365**
 ABIM/AOBIM certified in interventional cardiology
 Interventional Training End Date: _____

- Fellow* (FSCAI)** ~~\$770~~
 ABIM/AOBIM certified in interventional cardiology, one year in practice, and 100+ procedures post training; -OR-
 Five years in practice and a combined total of 2,000+ diagnostic and/or interventional procedures (four years and 400+ for pediatric).
- Member*** ~~\$770~~
 Significant percent of time performing catheterization and/or endovascular procedures
- Advancement to Fellowship*** *(current dues-paying member only)* ... ~~\$105~~
 ABIM/AOBIM certified in interventional cardiology, one year in practice, and 100+ procedures post training; -OR-
 Five years in practice and a combined total of 2,000+ diagnostic and/or interventional procedures (four years and 400+ for pediatric).
- Cardiovascular Professional Member** ~~\$140~~
 The below attestation and a CV is required to complete application.

Cath Lab/Endovascular Lab Director Attestation of Experience*

Physician Name (Last, First, MI): _____
 Degree(s): _____ Phone: _____
 Email: _____

I attest that the applicant listed above has had one year or more experience involved in the field of cardiovascular and/or endovascular angiography and/or interventions (including education) and spends greater than 75% of his/her time involved in any of those areas and is in good standing.

Signature: _____ Date: _____

INTERNATIONAL APPLICANTS

- International Fellow (FSCAI)*** ~~\$435~~
 Five years in practice and a combined total of 2,000+ diagnostic and/or interventional procedures (four years and 400+ for pediatric)
- International Associate*** *(online journal only)* ~~\$135~~
 Current member of a non-U.S. interventional society
 List Society: _____

PAYMENT INFORMATION

Total Amount Paid: \$ _____ Check #: _____ *(Checks should be made payable to SCAI)*

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ CCV #: _____

I hereby consent to the release by any hospital, educational institution, governmental agency, physician, professional society, or other person possessing or requiring the same whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience, or professional competence.

I hereby release from any liability any and all individuals and organizations or their authorized representatives who provide this information in good faith and without malice subject to this consent.

I hereby release from all liability The Society for Cardiovascular Angiography and Interventions Foundation and any and all individuals for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications.

I hereby certify that all information recorded on this application and any attached documents is accurate and supports my qualifications for membership in The Society for Cardiovascular Angiography and Interventions for which I now apply.

I hereby agree that The Society for Cardiovascular Angiography and Interventions may verify any of the above data. If approved for membership, I agree to conform to the Code of Ethics and Bylaws of the Society (available upon request).

I hereby understand that my payment today is non-refundable, to cover processing fees and immediate initiation of CCI Journal subscription.

Signature: _____ Date: _____

Onsite

**SCAI staff will follow up with you for missing documentation*



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